PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional)									Optional)	1028-042-1
					In re Application of Dan KIKINIS					
					Application Number 10/037,842 Filed 01/02/2002					01/02/2002
	For REMOTE SERVER PROXY AGENT									
					Art Unit 2	2144		Examiner	SHAW,	Peling Andy
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application,										
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):										
	One month (37 CFR 1.17(a)(1))								s	
		Two	mon	ths (37 CFR 1.17(a)(2))						s
	✓	Thre	e mo	nths (37 CFR 1.17(a)(3))						s_1050.00
		Fou	r mon	ths (37 CFR 1.17(a)(4))						s
		Five	mon	ths (37 CFR 1.17(a)(5))						s
		oplicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one- lif, and the resulting fee is: \$								
	A che	check in the amount of the fee is enclosed.								
	Paym	ment by credit card. Form PTO-2038 is attached.								
☑	The D	Director has already been authorized to charge fees in this application to a Deposit Account.								
		e Director is hereby authorized to charge any fees which may be required, or credit any overpayment, Deposit Account Number								
	I have	have enclosed a duplicate copy of this sheet.								
	l am t	he		applicant/inventor.						
		assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
		attorney or agent of record. Registration Number 31,293								
	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)									
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.									
	October 4, 2007 Love Looly									elles 1
	Date Signature									
	(703) 391-2900 Jon L. Roberts, Ph.D., J.D. Telephone Number Typed or printed name									
NOTE	Signatur	ne of o		elephone Number	ne entire into-	set or their reorgeoute		3,		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
✓ Total of 1 forms are submitted.										

The officiency information is required by 2 CFP1 134(a). The information is required to obtain or retain a bandle by the public which is to \$6 (and by the DFPT Or possess) amonglations. Conformation is required to obtain or retain a bandle by the public which is to \$6 (and by the DFPT Or possess) amonglations, or producing and submitting the completed application from to the LISPTO. Time will vary depending upon the individual case. Any comments on the amount of time pour current or complete this form and/or supersisting for the retaining this burious about be set of the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 2231-1450. DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND 170. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-1450.